



Complete Summary

GUIDELINE TITLE

Promoting continence using prompted voiding.

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 40 p. [23 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

Urinary incontinence

GUIDELINE CATEGORY

Evaluation

Management

Prevention

CLINICAL SPECIALTY

Family Practice

Geriatrics

Nursing

Obstetrics and Gynecology

Preventive Medicine
Urology

INTENDED USERS

Advanced Practice Nurses
Nurses

GUIDELINE OBJECTIVE(S)

- To present nursing best practice guidelines for promoting continence in older adults with urinary incontinence using prompted voiding
- To reduce the frequency and severity of urinary incontinence episodes, prevent the complications associated with urinary incontinence, and improve quality of life

TARGET POPULATION

Older adults in all clinical practice settings with urinary incontinence

These guidelines are not intended for clients with medical conditions for whom a restricted fluid intake is prescribed, nor for clients receiving narcotic analgesics or palliative care.

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation

1. Assessment
 - History of incontinence
 - Cognitive awareness of voiding
 - Motivation to be continent
 - Fluid intake
 - Frequency of bowel movement
 - Medical/surgical history
 - Medications
 - Functional ability
 - Environmental barrier
 - Presence of infection
2. Three day voiding record
3. Evaluation of voiding record and decision to proceed to prompted voiding protocol

Prevention/Management

1. Addressing constipation/fecal impaction
2. Eliminating caffeinated and alcoholic beverages
3. Initiating individualized prompted voiding schedule
4. Evaluation of individualized prompted voiding using 3 day voiding record
5. Educational and contextual approaches and strategies

MAJOR OUTCOMES CONSIDERED

- Accuracy of diagnosis of urinary incontinence
- Success rate of prompted voiding interventions
- Frequency and severity of urinary incontinence episodes

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A search of the literature for systematic reviews, clinical practice guidelines, relevant articles and websites was conducted. A further search for unpublished work, locally known and "in progress" guidelines, was undertaken by the panel members.

The panel identified one (1) published best practice guideline on prompted voiding for persons with urinary incontinence. The guideline was evaluated using the "Appraisal Instrument for Canadian Clinical Practice Guidelines", an adapted tool from Cluzeau, Littlejohns, Grimshaw, Feder, & Moran (1997).

The panel identified the following guideline to adapt and modify: "Prompted Voiding for Persons with Urinary Incontinence", The University of Iowa Gerontological Nursing Interventions Research Centre, Academic Institution, (Lyons & Pringle Specht, 1999).

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Guideline Appraisal

Guideline developers evaluated one (1) published best practice guideline on prompted voiding for persons with urinary incontinence using the "Appraisal Instrument for Canadian Clinical Practice Guidelines."

Levels of Evidence

Strength of Evidence A: Requires at least one randomized controlled trial as part of the body of literature of overall quality and consistency addressing the specific recommendations.

Strength of Evidence B: Requires availability of well conducted clinical studies but no randomized clinical trials on the topic of recommendations.

Strength of Evidence C: Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A panel of nurses and others with expertise in the practice and research related to prompted voiding and urinary incontinence was established by the Registered Nurses Association of Ontario (RNAO). The panel identified one guideline (Prompted Voiding for Persons with Urinary Incontinence, The University of Iowa Gerontological Nursing Interventions Research Centre) to adapt and modify. Through a process of consensus, the RNAO guideline was developed.

In order to fully inform the reader, every effort has been made to maintain the original level of evidence cited in the source document. No alterations have been made to the wording of the source documents involving recommendations based on randomized controlled trials or research studies. Where a source document has demonstrated an "expert opinion" level of evidence, wording may have been altered and the notation or RNAO Consensus Panel 2001 has been added.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Various stakeholder groups including consumers, staff nurses, physicians, dietitians, and health care administrators reviewed the draft guideline. The guideline was further refined after a six month pilot implementation phase in selected practice settings, which were identified through a "request for proposal" process.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions for the strength of evidence (Levels A-C) are repeated at the end of the Major Recommendations.

Substantive Recommendations

Recommendation 1

Obtain a history of the client's incontinence.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 2

Gather information on:

- The amount, type and time of daily fluid intake, paying particular attention to the intake amount of caffeine and alcohol
- The frequency of bowel movements
- Any relevant medical or surgical history which may be related to the incontinence problem, such as diabetes, stroke, recurrent urinary tract infections or previous bladder surgery

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 3

Review the client's medications to identify those which may have an impact on the incontinence.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 4

Identify the client's functional and cognitive ability.

(Strength of Evidence = A)

Recommendation 5

Identify environmental barriers to successful toileting.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 6

Check urine to determine if infection is present.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 7

Before initiating prompted voiding, identify the client's pattern of incontinence, using a 3-day voiding record.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 8

Determine if the client will benefit from prompted voiding.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 9

Ensure that constipation and fecal impaction are addressed.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 10

Ensure an adequate level of fluid intake (1500 - 2000 ml per day), and eliminate the use of caffeinated and alcoholic beverages where possible.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 11

Initiate an individualized prompted voiding schedule based on the client's toileting needs, and as determined by a 3-day voiding record.

(Strength of Evidence = A)

Recommendation 12

Initiate a 3-day voiding record, a minimum of 3 weeks or a maximum of 8 weeks, after the prompted voiding schedule.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Educational Recommendations

Recommendation 13

Educational programs for prompted voiding should be structured, organized, comprehensive, and directed at all levels of health care providers, clients, family and caregivers.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 14

Educational programs on prompted voiding should include information on:

- Risk factors for urinary incontinence
- Continence assessment
- Prompted voiding
- Individualized toileting
- The impact of cognitive impairment on ability to be continent
- Relation of bowel hygiene care to healthy bladder functioning
- Using a voiding record with individualized toileting

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 15

Identify a nurse with an interest in and/or advanced preparation in continence care (e.g. nurse continence advisor, nurse clinician or clinical nurse specialist), to be responsible for providing the educational program. The program should be updated on a regular basis to incorporate any new information.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 16

Nurses should be knowledgeable about community resources, for personal development, referral, and on-going assistance.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Contextual Recommendations

Recommendation 17

Guidelines are more likely to be effective if they take into account local circumstances and are disseminated through an active educational and training program.

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 18

Successful implementation of promoting continence includes:

- Management support
- Opportunities for education and training
- Active involvement of key clinical staff
- Gradual implementation of the prompted voiding schedule
- Collection of baseline information about patients, resources and existing knowledge
- Interpretation of this data and identification of problems
- Development of implementation strategy
- Monitoring of the program

(Strength of Evidence = C - RNAO Consensus Panel, 2001)

Recommendation 19

Nursing best practice guidelines can be successfully implemented only where there is adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation. In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed The Toolkit for Implementing Clinical Practice Guidelines, based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of the RNAO nursing best practice guideline on "Promoting Continence Using Prompted Voiding". See Appendix D in the original guideline for a description of the Toolkit.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Definitions:

Levels of Evidence

Strength of Evidence A: Requires at least one randomized controlled trial as part of the body of literature of overall quality and consistency addressing the specific recommendations.

Strength of Evidence B: Requires availability of well conducted clinical studies but no randomized clinical trials on the topic of recommendations.

Strength of Evidence C: Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

Note: Where a source document has demonstrated an "expert opinion" level of evidence, wording may have been altered and the notation of Registered Nurses Association of Ontario (RNAO) Consensus Panel 2001 has been added. These recommendations are clearly marked as "RNAO Consensus Panel, 2001."

CLINICAL ALGORITHM(S)

An algorithm is provided in Appendix A of the original guideline document for promoting continence using prompted voiding.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- This guideline will assist nurses to implement a treatment program of prompted voiding for older adults with urinary incontinence.
- Guideline implementation will help promote urinary continence, reduce the frequency and severity of episodes of urinary incontinence, prevent complications associated with urinary incontinence, and improve quality of life.
- Nurses, other health care professionals, and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment and documentation tools, etc.

Individuals Likely to Benefit from Prompted Voiding

The following factors can relate to an individual's responsiveness to prompted voiding:

- Recognizing the need to void
- Higher number of self-initiated requests to toilet
- Ability to void successfully when given toileting assistance
- Ability to ambulate independently
- More cognitively intact
- Higher completion of assigned prompted voiding sessions by care provider.

The best predictor of an individual's response to prompted voiding is his or her success during a trial of prompted voiding.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability or discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor RNAO give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omission in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.
- It is acknowledged that effective patient/client care depends on a coordinated interdisciplinary approach incorporating ongoing communication between patients, families, physicians, pharmacists, activation and dietary staff, and other members of the health care team, ever mindful of the personal preferences and unique needs of each individual patient/client. The recommendations made are not binding for nurses and should accommodate patient/client/family wishes and local circumstances.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Toolkit: Implementing Clinical Practice Guidelines

Best practice guidelines can only be successfully implemented if there are: adequate planning, resources, organizational and administrative support as well as appropriate facilitation.

In this light, Registered Nurses Association of Ontario (RNAO), through a panel of nurses, researchers and administrators has developed a "Toolkit for Implementing Clinical Practice Guidelines" based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of any clinical practice guideline in a health care organization.

The "Toolkit" provides step by step directions to individuals and groups involved in planning, coordinating, and facilitating the guideline implementation. Specifically, the "Toolkit" addresses the following key steps:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing evaluation
6. Identifying and securing required resources for implementation

Implementing guidelines in practice that result in successful practice changes and positive clinical impact is a complex undertaking. The "Toolkit" is one key resource for managing this process.

For specific recommendations regarding implementation of this guideline, refer to the "Major Recommendations" field.

Evaluation and Monitoring of Guideline

This guideline can be evaluated through documentation of:

- Number of clients assessed for this guideline
- Number of clients refusing assessment of urinary incontinence
- Number of clients actually started on the program
- Number of clients taken off program and why

Quick Reference Guides

1. Promoting Continence Using Prompted Voiding Algorithm (see Appendix A in the original guideline document)
2. Individuals Likely to Benefit from Prompted Voiding (See Appendix B in the original guideline document)
3. Communication Techniques for Use with Prompted Voiding Protocol (See Appendix B in the original guideline document)

IMPLEMENTATION TOOLS

Clinical Algorithm

Patient Resources

Quick Reference Guides/Physician Guides

Tool Kits

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

Staying Healthy

IOM DOMAIN

Effectiveness

Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 40 p. [23 references]

ADAPTATION

The Registered Nurses Association of Ontario panel identified the following guideline to adapt and modify for the current guideline:

The University of Iowa Gerontological Nursing Interventions Research Centre, Academic Institution. Prompted Voiding for Persons with Urinary Incontinence". (Lyons & Pringle Specht, 1999).

DATE RELEASED

2002 Jan

GUIDELINE DEVELOPER(S)

Registered Nurses Association of Ontario - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Ontario Ministry of Health and Long Term Care.

GUIDELINE COMMITTEE

Not stated

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

The Registered Nurses Association of Ontario (RNAO) received funding from the Ministry of Health and Long-Term Care (MOHLTC). This guideline was developed by a panel of nurses and researchers convened by the RNAO and conducting its work independent of any bias or influence from the MOHLTC.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines, 438 University Avenue, Suite 1600, Toronto, Ontario, M5G 2K8; Fax: (416) 599-1926; Order forms available on the [RNAO Web site](#).

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Quick reference guide. Promoting continence using prompted voiding algorithm. Appendix A. In: Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 40 p.
- Quick reference guide. Individuals likely to benefit from prompted voiding. Appendix B. In: Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 40 p.

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 91 p.

Electronic copies: Available in Portable Document Format (PDF) from the [RNAO Web site](#)

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines, 438 University Avenue, Suite 1600, Toronto, Ontario, M5G 2K8; Fax: (416) 599-1926; Order forms available on the [RNAO Web site](#).

PATIENT RESOURCES

The following is available:

- Health information fact sheet. Incontinence: breaking the silence. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Jul. 2 p.

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines, 438 University Avenue, Suite 1600, Toronto, Ontario, M5G 2K8; Fax: (416) 599-1926; Order forms available on the [RNAO Web site](#).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This NGC summary was completed by ECRI on December 17, 2003. The information was verified by the guideline developer on January 16, 2004.

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The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I" in "FIRST".

